

# CONNECTIVITY – MISSION CRITICAL

## *in the Alaska Tribal Health System*

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ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

# AK Communities & Tribal Sites Currently Served



## 30 Organizations

- Serve 172,000 AI/AN
- 200+ sites
- 7 Hospitals

## 2001 Single Store & Forward Solution

## 2013 Single Video Solution

## 2011-2021 Shared EHR (19 THOs)



# Current Telehealth Services

## “Store & Forward” Telehealth has resulted in



**135,000  
Patients**

78% of all  
Alaska Natives  
involved



**400,000**  
telehealth  
cases Created



**5,500  
Providers**  
using the  
system



**\$156M**  
in avoided  
travel costs

The following ANMC Clinics offer telehealth consultations:

- Allergy/Immunology
- Cardiology
- Dermatology
- Diabetes
- Endocrinology
- Emergency Medicine (limited)
- ENT
- Gastroenterology
- General Internal Medicine
- Hepatitis
- HIV/EIS
- Infectious Disease
- Maternal Fetal Medicine
- Nephrology
- Neurology
- Neurosurgery
- Oncology
- Orthopedics
- Pain Clinic
- Palliative Care
- Primary Care
- Pulmonology
- Rheumatology
- Sleep Clinic
- Surgery Clinic
- Urology Clinic
- Wound Care
- Women’s Health

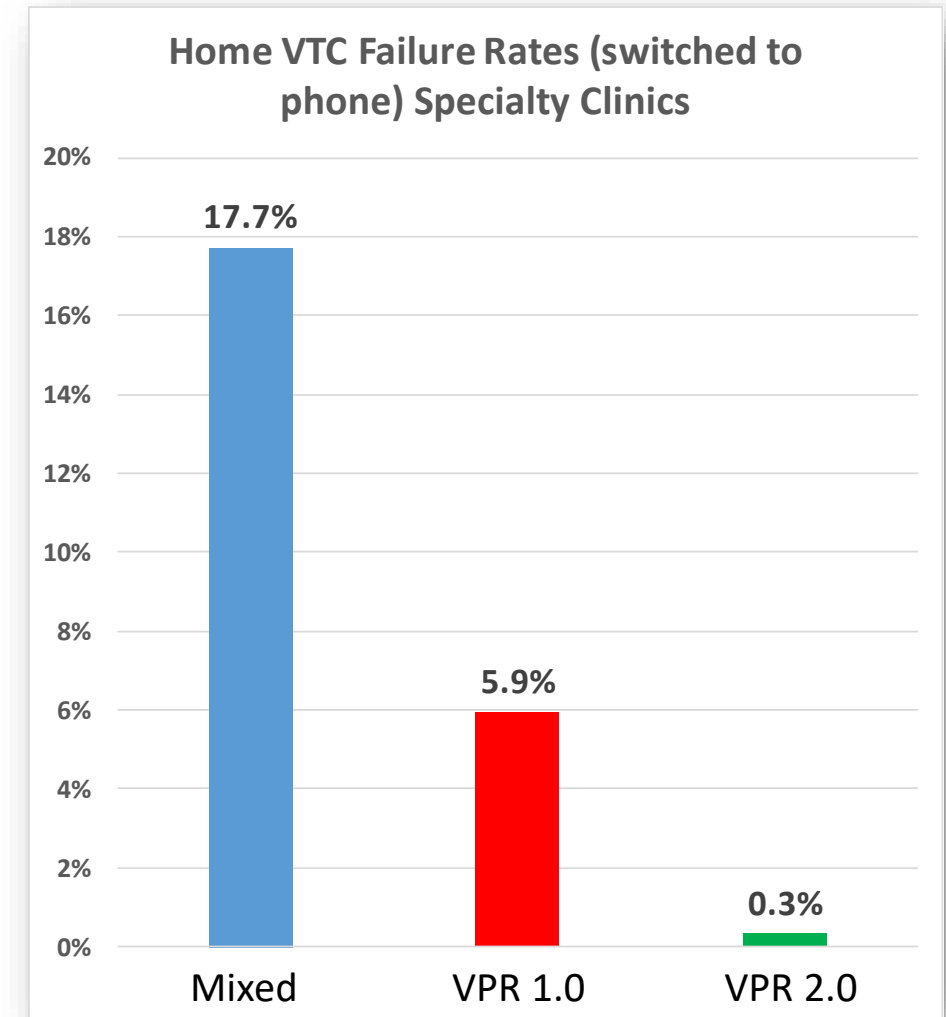


# Connectivity Outcomes

## Visit “Failures” for ANMC Specialty Clinics

<b>Mixed VTC platforms &amp; Processes</b>	554 (98 failed, 18%)
<b>Standard process, prior platform</b>	1,096 (65 failed, 6%)
<b>Standard process &amp; Zoom platform</b>	614 (2 failed, <1%)

*Some success due to figuring out areas where video was impossible*



# Tested in Our World

## REAL WORLD

**LOW SPEED:** 40% of our communities are on 2G

**BIT LIMITS:** Many communities have a 7 GB data cap/month

## PRODUCTS

**Doxy.me** –primarily suited for DTP/DTC.

**AmWell** – market leader

**InTouch Solo** –works for DTP/DTC and clinic-to-clinic.

**Zoom** – great general purpose VtC

**Cisco Meetings (IHS)** –May work for clinical care, worth looking at for general purpose VTC

**Microsoft Teams** – May be good general purpose VTC

**Vidyo Connect** –current solution and include as the baseline

**Vidyo IO** – Next generation Vidyo

## LAB TESTS

- Variable Speeds
- Clean Terrestrial
- Clean Satellite
- Dirty Satellite
- Horrible Network
- Functionality



# CONNECTIVITY (USF Funded) IS **REQUIRED** FOR PATIENT CARE

**90%** of Tribal Health Organizations in Alaska rely on a hosted EHR located in the lower 48.

**96%** of all tribal health care sites in Alaska depend on connectivity to reach the EHR being used at the facility.

**100%** of all tribal health sites rely on connectivity to communicate to the next level of care to transfer patients, to communicate with patients, and to manage care of their patients.

## Tribal Health Organization

Alaska Native Tribal Health Consortium  
Aleutian Pribilof Islands Association  
Chugachmiut  
Copper River Native Association  
Eastern Aleutian Tribes  
Kenaitze Indian Tribe  
Kodiak Area Native Association  
Maniilaq Association  
Mount Sanford Tribal Consortium  
Native Village of Eklutna  
Native Village of Eyak  
Norton Sound Health Corporation  
SouthCentral Foundation  
SouthEast Alaska Regional Health Consortium  
Yakutat Tlingit Tribe  
Chickaloon Native Village  
Knik Tribal Council  
Native Village of Tyonek  
St. George Traditional Council  
Native Village of Chitina  
Bristol Bay Area Health Corporation  
Arctic Slope Native Association  
Metlakatla Indian Community  
Yukon-Kuskokwim Health Corporation  
Seldovia Village Tribe  
Ninilchik Traditional Council  
Council of Athabascan Tribal Governments  
Ketchikan Indian Community  
Tanana Chiefs Conference  
Tanana Tribal Council  
Native Village of Karluk  
North Slope Borough

# Connectivity – Beyond the EHR

- Cloud-Based Solutions
  - P2 Sentinel (Compliance / Audits)
  - Reportable Labs
  - Syndromic Surveillance
  - Sepsis Prevention
- Dictation Solutions
  - Dragon Medical One
  - Virtual Assistant
- New Services
  - Remote Telemetry
  - TeleICU, TeleStroke
- Patient Communication
  - DTC Telehealth
  - NICU “Baby Cams”
  - Video On Demand (VODA)
  - Inpatient Telehealth
  - Scheduling / Travel Mgmt
  - Wayfinding
  - Access to Medical Records
- Revenue Cycle – Coding, Billing
- Analytics





# Improving Primary Care at the Village Level Requires Analytics AND Connectivity

Welcome
Information
Care Connections
Measures
Organization
Panels
**Patients**
Demographics

PrimaryCare
laiqedt Vxk Rtjh Hpkzuq Llmflctjrqr
Measures
PCPs
Home Cities
Exclusions

Filtered By:
Population Period: 12-Month
09/20 - 08/21
All Areas Included
Incl. Excluded Patients
Natives+Others
Patients In CMS122

## Patient Scorecard

The scorecard displays individual patient status using selected measures in the most recent period. Select measures to include patients who are in the denominator of those measures. Selecting multiple measures lists patients who are in the denominator of any selected measure. Use additional filters to create custom reports.

Scorecard
Measure Detail:
Focus
All Scores
All Data
Patient Detail:
MRN
PII
Contact

Represents the combined 292 patients who are in the denominator of any selected measure: CMS122.

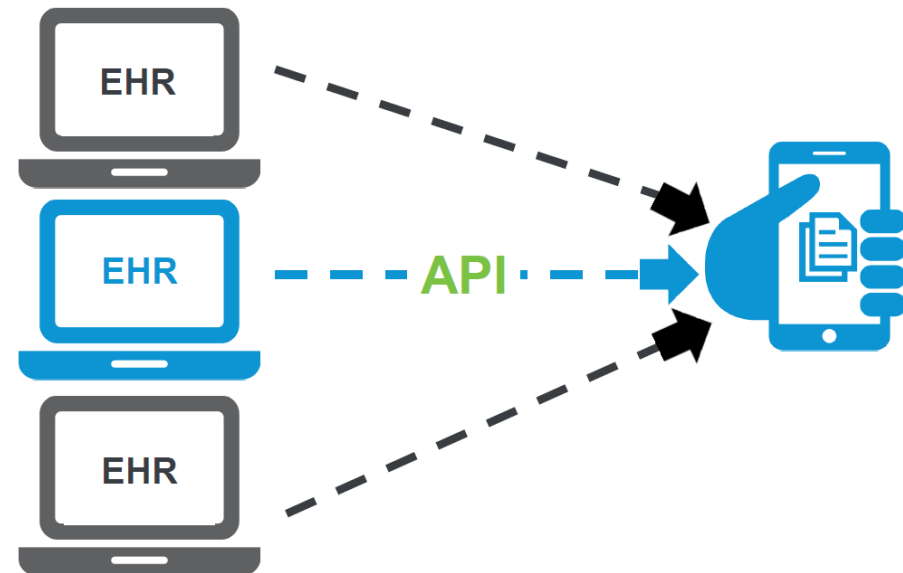
MRN	Primary Care Provider	Home City	Next Appt Dt	Last Appt Dt	Period Visit Dt	BMI Follow-Up	Asthma Therapy	BP Control	Depression Follow-Up	HbA1c Control	Lipid Therapy	Antiplatelet Therapy	Cervical Cancer Screen	3-Yr Scre
475021.9	(WIQ Bpo Ztursldr)	AKKJTX		08/09/21	08/09/21	⊖			⊖	⊖				
117989	Nfias, Zqnfmgng Bgnduw, DFL	BQORJDB		06/21/21	06/21/21	✓			✓	⊖			⊖	⊖
186908	(WIQ Bpo Ztursldr)	CRBGYQ		07/30/21	07/30/21	⊖		✓	✓	✓				
908795	Wepyotmt, Bpdksmx Q, CD	CRBGYQ		01/12/21	01/12/21	⊖			✓	⊖			⊖	⊖
758821	Nbvyce, Ewxuyx Q, AN	DBKJG MXSQ...		08/06/21	08/06/21	✓		✓	✓	⊖				
921146.8	Nbvyce, Ewxuyx Q, AN	DBKJG MXSQ...		10/30/20	10/30/20	⊖			⊖	⊖				
1338803	Nbvyce, Ewxuyx Q, AN	DBKJG MXSQ...		08/06/21	08/06/21	⊖		✓	✓	⊖				
22554	Xmipzvb-Oulcpjkix, Byxaava...	DECJ NQDQLZ		07/27/21	07/27/21	✓			✓	✓			⊖	⊖
290607.6	Nbvyce, Ewxuyx Q, AN	DECJ NQDQLZ		08/09/21	08/09/21	✓		✓	⊖	⊖				



# Data is Suddenly Portable

**Interoperability** is the ability of different information systems, devices or applications to connect, in a coordinated manner, within and across organizational boundaries to access, exchange and cooperatively use data amongst stakeholders, with the goal of optimizing the health of individuals and populations.

- Direct Secure Messaging
- CommonWell
- Sequoia Project
- APIs, Apps



# Demands

## Critical factors in Healthcare Connectivity:

- **Reliability** to clinics, hospitals, homes.
- **Low latency** for virtual sessions, dictation.
- **Symmetric speeds** for home-based VtC
- **High quality**, or better codecs, to avoid drops or degradation
- **Higher bandwidth**
- **No data caps**
- **Affordable**



# The Rural Health Care (RHC) Program

## Healthcare Connect Fund Program (HCF)

- Funding began January 1, 2014
- Allows Consortiums to apply, multi-year applications.
- Provides 65% discount on broadband services, equipment, some facilities.

## Telecommunications (Telecom) Program (466, 466A)



WE USE THIS

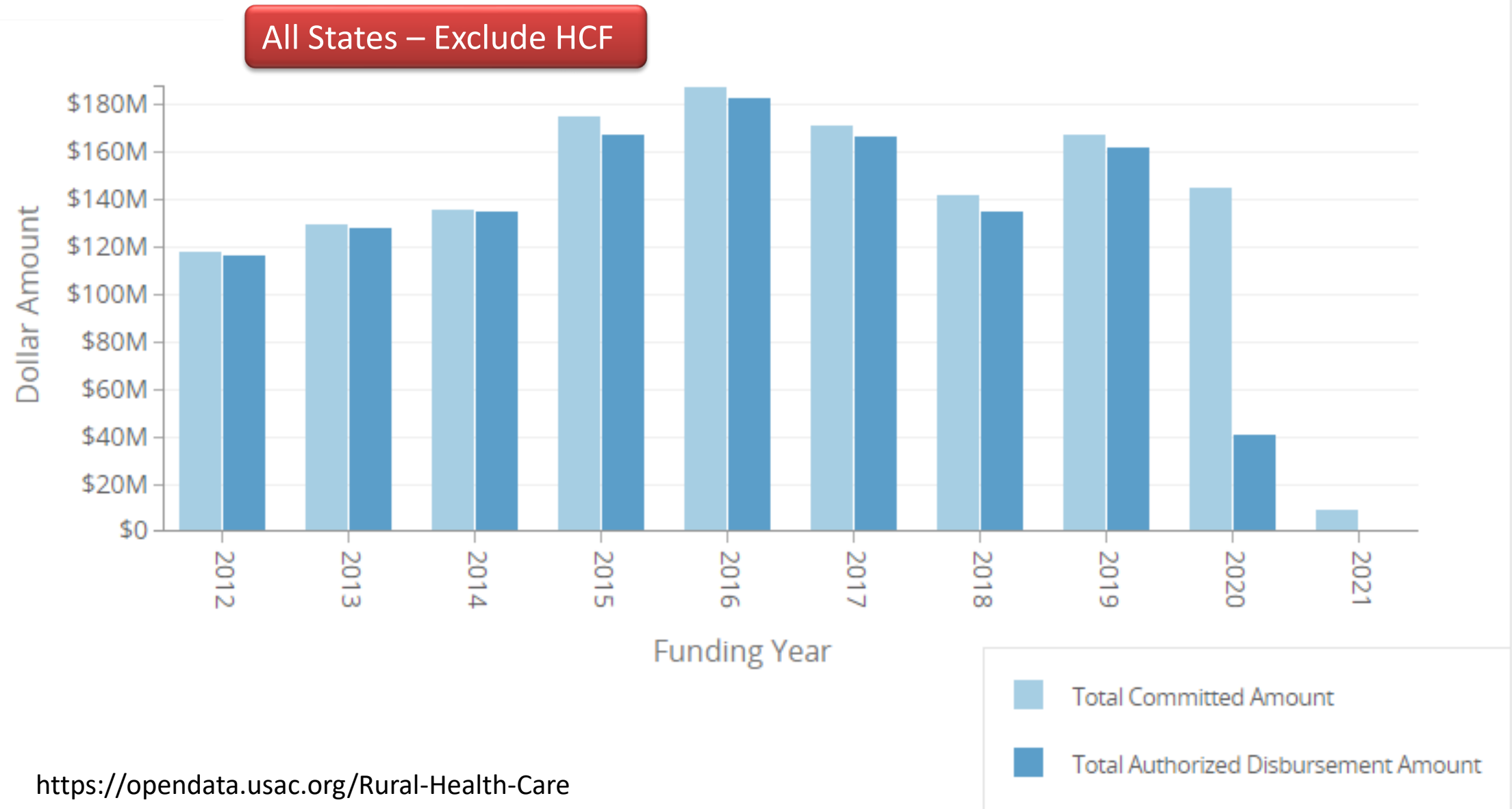
- Established in 1997
- Does not allow Consortium, requires annual application.
- Provides a subsidy such that Health Care Providers pay no higher than the urban rate for broadband services (based on Anchorage rates).

In Alaska – the actual subsidy rate is ~ 99%.



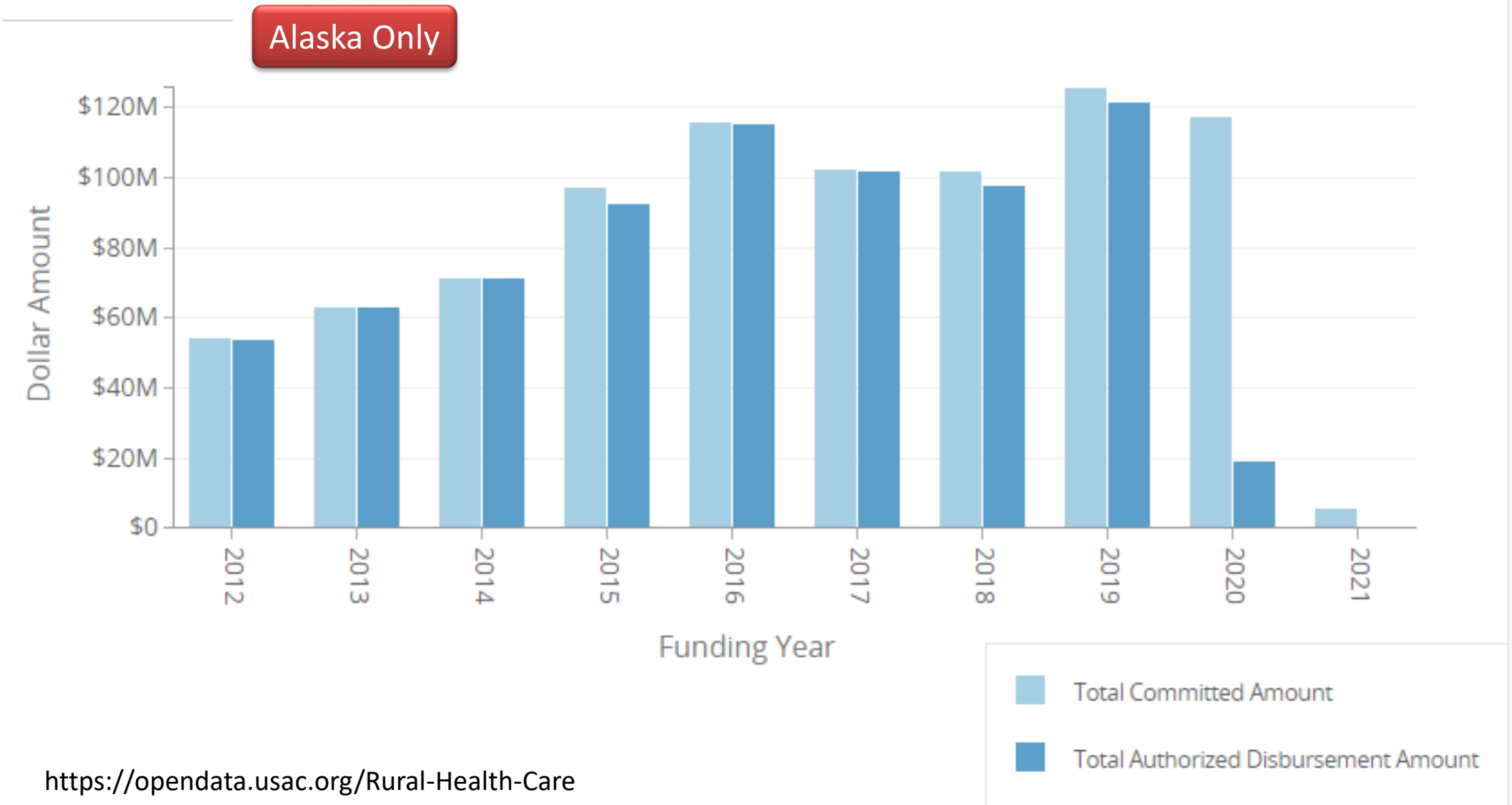
# RHC Commitments and Disbursements Visualization

The Commitment and Disbursement amounts over the years of the Rural Health Care program.



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# Funding Year 2020 Committed for Alaska (466)

**333 HCPs**  
(93% of AK)

**\$117M**  
**Committed**

**Rural Rate =**  
**100x Urban Rate**

## Top Requests (by Bandwidth)

Bandwidth	# Applications (Filing HCP)	Average Monthly Urban Rate	Average Monthly Rural Rate	Rural Rate / Urban Rate
15 Mbps	59	\$302	\$51,592	171
10 Mbps	57	\$278	\$24,523	88
25 Mbps	38	\$388	\$65,155	168
20 Mbps	33	\$380	\$27,989	74
100 Mbps	21	\$830	\$30,546	37
30 Mbps	21	\$468	\$55,482	118
3 Mbps	20	\$233	\$10,185	44
5 Mbps	16	\$276	\$13,848	50
50 Mbps	15	\$693	\$50,228	72
Annual Cost	280	\$1,292,361	\$129,918,324	101



# Challenges with Telecom “466” Program

## Historic risk of pro-rated subsidies when cap exceeded.

- 2017 proposed 84.4% pro-rated subsidy would have cost the ATHS approximately \$18M in unplanned costs.
- Delays in commitment leave Telcos and THOs uncertain.
- “Cap” raised and tied to inflation – not unlimited.
- Tiered priority model helps (e.g. Frontier, Rural).

## USAC determines rural rates i.e. median model.

- Risk for extremely remote/expensive sites
- AK delayed implementation to Funding Year 2023.

## The “Telecom Program” is considered the “legacy” program

- *“... wise to treat it as something that won’t be permanent and to start planning for that eventuality.”*
- When will newer technologies become available, and will rural rates approach urban rates?





# Questions?

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